



Performance Drug List

January 2007

For the most up-to-date Performance Drug List visit www.caremark.com

The **Caremark Performance Drug List** is a guide within select therapeutic categories for clients and their plan participants. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand name medicine to treat a condition. These preferred brand name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only and not meant to be all-inclusive. This list represents brand products in CAPS and generic products in lower case *italics*.

PLAN PARTICIPANT

Your benefit plan provides you with a prescription benefit program administered by Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

Please note:

- Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document.
- For specific information regarding your prescription benefit coverage and co-pay¹ information, please visit our Web site at www.caremark.com or contact a Caremark Customer Care representative.
- Caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different brand name product or generic equivalent in place of your original prescription.

HEALTHCARE PROVIDER

Your patient is covered under a prescription benefit plan administered by Caremark. As a way to help manage healthcare costs, authorize generic substitution whenever possible. If you believe a brand name product is necessary, consider prescribing a brand name on this list.

Please note:

- Generics should be considered the first line of prescribing.
- This drug list is not inclusive nor does it guarantee coverage, but represents a summary of prescription coverage.
- The plan participant's specific prescription benefit plan may have a different co-pay¹ for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to www.caremark.com to check coverage and co-payments¹ for a specific medicine.

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefaclor
cephalexin
OMNICEF

§ ERYTHROMYCINS/ MACROLIDES

azithromycin
clarithromycin
erythromycins
BIAXIN XL

§ FLUOROQUINOLONES

ciprofloxacin tablet
AVELOX
CIPRO SUSPENSION
CIPRO XR
LEVAQUIN

§ PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

§ TETRACYCLINES

doxycycline hyclate
minocycline
tetracycline

§ MISCELLANEOUS

metronidazole
sulfamethoxazole-
trimethoprim

§ ANTIFUNGALS

fluconazole
itraconazole
LAMISIL TABLET

ANTIVIRALS

§ HERPES AGENTS

acyclovir
VALTREX

§ INFLUENZA AGENTS

amantadine
rimantadine
TAMIFLU

CARDIOVASCULAR

§ ACE INHIBITORS

fosinopril
lisinopril
quinapril
ALTACE

§ ACE INHIBITOR/ DIURETIC COMBINATIONS

fosinopril-
hydrochlorothiazide
lisinopril-
hydrochlorothiazide
quinapril-
hydrochlorothiazide

ACE INHIBITOR/CALCIUM CHANNEL BLOCKERS

LOTREL
TARKA

ANGIOTENSIN II RECEPTOR ANTAGONISTS/ COMBINATIONS

ATACAND²/ATACAND HCT
AVAPRO/AVALIDE
COZAAR/HYZAAR

ANTILIPEMICS

ANTILIPEMIC COMBINATIONS

VYTORIN
§ BILE ACID RESINS
cholestyramine
WELCHOL

CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

§ FIBRATES

fenofibrate
TRICOR

§ HMG-CoA REDUCTASE INHIBITORS

pravastatin
simvastatin
LIPITOR

NIACINS

NIASPAN

§ BETA-BLOCKERS

atenolol
metoprolol
nadolol
propranolol
COREG
TOPROL-XL

§ CALCIUM CHANNEL BLOCKERS

diltiazem ext-rel
nifedipine ext-rel
verapamil ext-rel
NORVASC

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

CADUET

§ DIGITALIS GLYCOSIDES

digoxin

§ DIURETICS

furosemide
hydrochlorothiazide
metolazone
spironolactone-
hydrochlorothiazide
torsemide
triamterene-
hydrochlorothiazide

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel
mirtazapine
WELLBUTRIN XL

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§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
fluoxetine
paroxetine
sertraline
LEXAPRO
PAXIL CR

SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)³

CYMBALTA
EFFEXOR
EFFEXOR XR

MIGRAINE**SELECTIVE SEROTONIN AGONISTS**

IMITREX
MAXALT
ZOMIG

MULTIPLE SCLEROSIS AGENTS

COPAXONE
REBIF

ENDOCRINE AND METABOLIC**ANDROGENS**

ANDROGEL

ANTIDIABETICS**§ BIGUANIDES**

metformin
metformin ext-rel

INSULINS

HUMALOG
HUMULIN
LANTUS
LEVEMIR
NOVOLIN
NOVOLOG

INSULIN SENSITIZERS

ACTOS
AVANDIA

INSULIN SENSITIZER/ BIGUANIDE COMBINATIONS

ACTOPLUS MET
AVANDAMET

INSULIN SENSITIZER/**SULFONYLUREA COMBINATIONS**

AVANDARYL

MEGLITINIDES

PRANDIN

§ SULFONYLUREAS

glipizide
glipizide ext-rel
glyburide
glyburide micronized

§ SULFONYLUREA/**BIGUANIDE COMBINATIONS**

glipizide-metformin
glyburide-metformin

SUPPLIES

ACCU-CHEK STRIPS
AND KITS⁵
BD INSULIN SYRINGES
AND NEEDLES
ONETOUCH STRIPS AND KITS⁵

BISPHOSPHONATES

ACTIONEL
ACTIONEL WITH CALCIUM
FOSAMAX
FOSAMAX PLUS D

CONTRACEPTIVES**§ MONOPHASIC**

YASMIN
YAZ

§ TRIPHASIC

ORTHO TRI-CYCLEN LO

§ EXTENDED CYCLE

ethinyl estradiol-
levonorgestrel

TRANSDERMAL

ORTHO EVRA

VAGINAL

NUVARING

ESTROGENS**§ ORAL**

estradiol
estropipate
CENESTIN
ENJUVIA
PREMARIN

§ TRANSDERMAL, ESTROGENS

estradiol
CLIMARA
ESTRADERM
VIVELLE
VIVELLE-DOT

ORAL ESTROGEN/**PROGESTINS**

PREMPHASE
PREMPRO

§ PROGESTINS

medroxyprogesterone
PROMETRIUM

SELECTIVE ESTROGEN RECEPTOR MODULATORS

EVISTA

§ THYROID SUPPLEMENTS

levothyroxine
SYNTHROID

GASTROINTESTINAL**§ H₂ RECEPTOR ANTAGONISTS**

ranitidine

§ PROTON PUMP INHIBITORS

omeprazole
NEXIUM
PREVACID

GENITOURINARY**§ BENIGN PROSTATIC HYPERPLASIA**

doxazosin
finasteride
terazosin
FLOMAX

§ URINARY ANTISPASMODICS

oxybutynin
DETROL
DETROL LA
DITROPAN XL
OXYTROL

HEMATOLOGIC**§ ANTICOAGULANTS**

warfarin
COUMADIN

RESPIRATORY**ANAPHYLAXIS TREATMENT AGENTS**

EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS

SPIRIVA

ANTICHOLINERGIC/ BETA AGONISTS

COMBIVENT
DUONEB

ANTIHISTAMINES, LOW SEDATING

ZYRTEC⁴

§ ANTIHISTAMINES, NONSEDATING

fexofenadine

§ ANTIHISTAMINE/ DECONGESTANTS

ALLEGRA-D⁴
ZYRTEC-D 12 HOUR⁴

BETA AGONISTS**§ SHORT ACTING**

albuterol
ACCUNEB
PROVENTIL HFA
XOPENEX

LONG ACTING

FORADIL
SEREVENT

LEUKOTRIENE RECEPTOR ANTAGONISTS

SINGULAIR

NASAL ANTIHISTAMINES

ASTELIN

§ NASAL STEROIDS

fluticasone
NASACORT AQ
NASONEX
RHINOCORT AQUA

STEROID/BETA AGONISTS

ADVAIR

STEROID INHALANTS

ASMANEX
FLOVENT
PULMICORT

TOPICAL**DERMATOLOGY****§ ACNE**

erythromycin-
benzoyl peroxide
tretinoin
BENZACLIN
DIFFERIN
DUAC
RETIN-A MICRO

OPHTHALMIC**§ BETA-BLOCKERS, NONSELECTIVE**

timolol maleate solution
BETIMOL

BETA-BLOCKERS, SELECTIVE

BETOPTIC S

PROSTAGLANDINS

LUMIGAN
TRAVATAN
XALATAN

§ SYMPATHOMIMETICS

brimonidine 0.2%
ALPHAGAN P

QUICK REFERENCE PERFORMANCE DRUG LIST**A**

ACCU-CHEK STRIPS AND KITS⁵
ACCUNEB
ACTIONEL
ACTIONEL WITH CALCIUM
ACTOPLUS MET
ACTOS
acyclovir
ADVAIR
albuterol

ALLEGRA-D⁴

ALPHAGAN P
ALTACE
amantadine
amoxicillin
amoxicillin-clavulanate
ANDROGEL
ASMANEX
ASTELIN
ATACAND²

ATACAND HCT

atenolol
AVALIDE
AVANDAMET
AVANDARYL
AVANDIA
AVAPRO
AVELOX
azithromycin

B

BD INSULIN SYRINGES
AND NEEDLES
BENZACLIN
BETIMOL
BETOPTIC S
BIAXIN XL
brimonidine 0.2%
bupropion
bupropion ext-rel

C

CADUET
cefaclor
CENESTIN
cephalexin
cholestyramine
CIPRO SUSPENSION
CIPRO XR
ciprofloxacin tablet
citalopram
clarithromycin

Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document.

CLIMARA COMBIVENT COPAXONE COREG COUMADIN COZAAR CYMBALTA				
D DETROL DETROL LA <i>dicloxacillin</i> DIFFERIN <i>digoxin</i> <i>diltiazem ext-rel</i> DITROPAN XL <i>doxazosin</i> <i>doxycycline hyclate</i> DUAC DUONEB	F <i>fenofibrate</i> <i>fexofenadine</i> <i>finasteride</i> FLOMAX FLOVENT <i>fluconazole</i> <i>fluoxetine</i> <i>fluticasone</i> FORADIL FOSAMAX FOSAMAX PLUS D <i>fosinopril</i> <i>fosinopril-hydrochlorothiazide</i> <i>furosemide</i>	<i>levothyroxine</i> LEXAPRO LIPITOR <i>lisinopril</i> <i>lisinopril-hydrochlorothiazide</i> LOTREL LUMIGAN	P <i>paroxetine</i> PAXIL CR <i>penicillin VK</i> PRANDIN <i>pravastatin</i> PREMARIN PREMPHASE PREMPRO PREVACID PROMETRIUM <i>propranolol</i> PROVENTIL HFA PULMICORT	T TAMIFLU TARKA <i>terazosin</i> <i>tetracycline</i> <i>timolol maleate solution</i> TOPROL-XL <i>torse mide</i> TRAVATAN <i>tretinoin</i> <i>triamterene-hydrochlorothiazide</i> TRICOR
E EFFEXOR EFFEXOR XR ENJUVIA EPIPEN EPIPEN JR <i>erythromycin-benzoyl peroxide</i> <i>erythromycins</i> ESTRADERM <i>estradiol</i> <i>estropipate</i> <i>ethinyl estradiol-levonorgestrel</i> EVISTA	G <i>glipizide</i> <i>glipizide ext-rel</i> <i>glipizide-metformin</i> <i>glyburide</i> <i>glyburide-metformin</i> <i>glyburide micronized</i>	M MAXALT <i>medroxyprogesterone</i> <i>metformin</i> <i>metformin ext-rel</i> <i>metolazone</i> <i>metoprolol</i> <i>metronidazole</i> <i>minocycline</i> <i>mirtazapine</i>	Q <i>quinapril</i> <i>quinapril-hydrochlorothiazide</i>	V VALTRES <i>verapamil ext-rel</i> VIVELLE VIVELLE-DOT VYTORIN
	H HUMALOG HUMULIN <i>hydrochlorothiazide</i> HYZAAR	N <i>nadolol</i> NASACORT AQ NASONEX NEXIUM NIASPAN <i>nifedipine ext-rel</i> NORVASC NOVOLIN NOVOLOG NUVARING	R <i>ranitidine</i> REBIF RETIN-A MICRO RHINOCORT AQUA <i>rimantadine</i>	W <i>warfarin</i> WELCHOL WELLBUTRIN XL
	I IMITREX <i>itraconazole</i>	O <i>omeprazole</i> OMNICEF ONETOUCH STRIPS AND KITS ⁵ ORTHO EVRA ORTHO TRI-CYCLEN LO <i>oxybutynin</i> OXYTROL	S SEREVENT <i>sertraline</i> <i>simvastatin</i> SINGULAIR SPIRIVA <i>spironolactone-hydrochlorothiazide</i> <i>sulfamethoxazole-trimethoprim</i> SYNTHROID	X XALATAN XOPENEX
	L LAMISIL TABLET LANTUS LEVAQUIN LEVEMIR			Y YASMIN YAZ
				Z ZETIA ZOMIG ZYRTEC ⁴ ZYRTEC-D 12 HOUR ⁴

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This Caremark Drug List is not inclusive nor does it guarantee coverage, but represents a summary of prescription coverage. Specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document. The plan participant's prescription benefit plan may have a different co-pay¹ for specific products on the list. Unless otherwise indicated, drug list products will include all dosage forms. This list represents brand products in CAPS and generic products in lower case *italics*. Generics listed in therapeutic categories are for representational purposes only and are not meant to be all-inclusive. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to www.caremark.com to check coverage and co-payments for a specific medicine.

§ Generics are available in this class and should be considered as the first line of prescribing.

¹ Co-payment or co-pay means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

² Atacand should be reserved for patients who meet CHARM (Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

³ Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

⁴ Higher co-payments may apply depending on the plan participant's specific prescription benefit plan. Log in to www.caremark.com to find the co-payment under a specific plan.

⁵ An Accu-Chek or OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than Accu-Chek or OneTouch. For more information on how to obtain a blood glucose meter, call toll-free: 1-800-588-4456.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products.

This Caremark Drug List contains prescription brand name medicines that are registered or trademarks of pharmaceutical manufacturers that are not affiliated with Caremark Rx, Inc. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.